

This form is only to be used if you wish to order listings or electronic copy of current licensees.

**State of Montana  
Board of Medical Examiners  
List Disclaimer**

A list furnished by the Montana Board of Medical Examiners, Healthcare Licensing Bureau, Business Standards Division of the Department of Labor and Industry must be used in accordance with Montana Code Annotated Section 2-6-109 and 110. It is not intended for use by private parties as a mailing list for personal or business interests. No permission has been obtained from the individual licensees for such purposes. Use as a mailing list, without the permission of each individual on the list, is a violation of [Section 2-6-109, MCA](#). It is a misdemeanor, and may be punished by a term of imprisonment not to exceed 6 months in the county jail or a fine not to exceed \$500.00 or both. [Section 2-6-110, MCA](#), MCA, sets forth the requirements for release of electronic information and non-print records as well as allowable fees. It is understood and agreed that **the State of Montana may only release information that are matters of public record.**

Receipt of the above disclaimer is hereby acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ .

By: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Entity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**COSTS: minimum charge of \$25.00 to include the first 700 licensees**, then an additional charge of \$.03 per licensee. Please send check or money order with your request to the Montana Board of Medical Examiners. (Estimated cost: \$\_\_\_\_\_)

If you are requesting a lists, 3.5 floppy diskette or electronic (email), complete the bottom as to the type requested. Please indicate which type of licensee you are requesting.

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Physician                     | <input type="checkbox"/> Podiatrist   | <input type="checkbox"/> Acupuncturist |
| <input type="checkbox"/> Physician Assistant-Certified | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> EMT           |

1. ☐ List on Plain White Paper ☐ 3.5 Diskette ☐ Electronic (email)
2. ☐ Zip Code Order ☐ Alphabetical Order
3. ☐ In-state Licensees only ☐ In-state and out-of-state
4. ☐ Active ☐ Inactive ☐ Retired or ☐ All